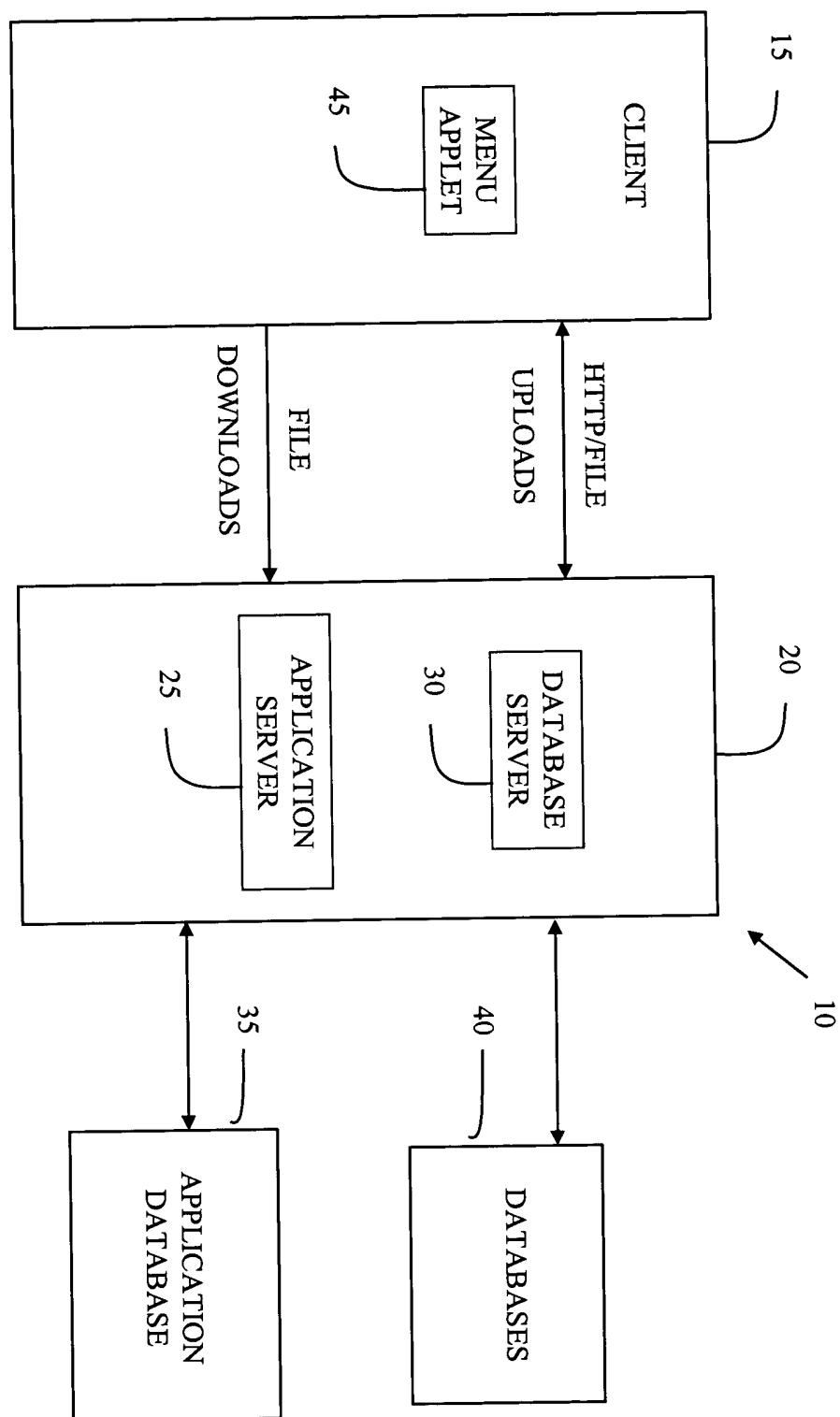


FIG. 1



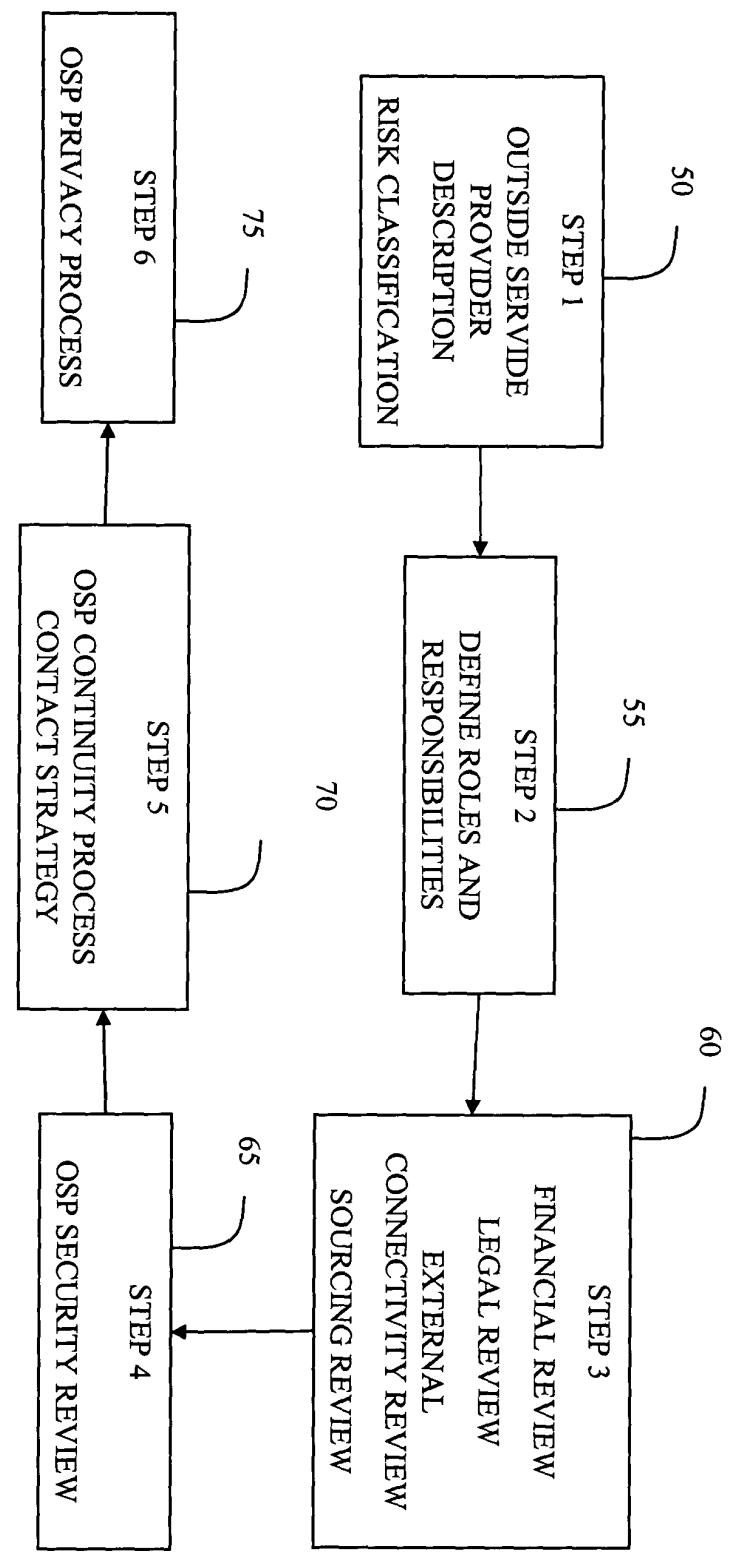


FIG. 2

80	Name of Outside Service Provider: OSP 1 85 Country Residency / Domicile: Street _____ Street _____															
90	Location where OSP Services are provided: Street _____ Street _____															
95	City _____ State _____ Zip _____															
100	Select Production JPMorganChase applications that OSP accesses and/or supports															
110	Production Applications <table border="1"> <thead> <tr> <th>Name of Application</th> <th>Criticality</th> <th>Sensitivity</th> <th>Information Owner</th> </tr> </thead> <tbody> <tr> <td>Application 1</td> <td>Critical</td> <td>Sensitive</td> <td>Executive</td> </tr> <tr> <td>Application 2</td> <td>Critical</td> <td>Sensitive</td> <td>Executive</td> </tr> </tbody> </table>				Name of Application	Criticality	Sensitivity	Information Owner	Application 1	Critical	Sensitive	Executive	Application 2	Critical	Sensitive	Executive
Name of Application	Criticality	Sensitivity	Information Owner													
Application 1	Critical	Sensitive	Executive													
Application 2	Critical	Sensitive	Executive													
120	Add Delete															
130	135															
140	Select Development / UAT JPMorganChase applications that OSP accesses and/or supports															
150	Development and Qa / UAT Applications <table border="1"> <thead> <tr> <th>Name of Application</th> <th>Criticality</th> <th>Sensitivity</th> <th>Information Owner</th> </tr> </thead> <tbody> <tr> <td>Application 1</td> <td>Critical</td> <td>Sensitive</td> <td>Executive</td> </tr> <tr> <td>Application 2</td> <td>Critical</td> <td>Sensitive</td> <td>Executive</td> </tr> </tbody> </table>				Name of Application	Criticality	Sensitivity	Information Owner	Application 1	Critical	Sensitive	Executive	Application 2	Critical	Sensitive	Executive
Name of Application	Criticality	Sensitivity	Information Owner													
Application 1	Critical	Sensitive	Executive													
Application 2	Critical	Sensitive	Executive													
160	Add Delete															
170	175															
180	Does the OSP subcontract to another vendor?															
185	Yes No															
190	OSP Subcontractor <table border="1"> <thead> <tr> <th>Name of Vendor</th> <th>Contact</th> <th>Vendor Primary Location</th> <th>Vendor Recovery Location</th> </tr> </thead> </table>				Name of Vendor	Contact	Vendor Primary Location	Vendor Recovery Location								
Name of Vendor	Contact	Vendor Primary Location	Vendor Recovery Location													
195	Add Delete															
200	205															
205	210															
210	215															

FIG. 3

Business Impact Rating	
230	235
235	237
240	242
245	247
250	252
252	255
255	257
260	262
265	267

Note: Only define continuity resources if calculated Impact Rating is Critical.

Compute Impact Rating

FIG. 4

235	270	280	285	290
Country Impact Risk	Is there a possibility of that economic conditions and events might adversely affect JPMorganChase?	Yes	No	Description
300	Is there a possibility of that social conditions and events might adversely affect JPMorganChase?	0	0	Government Advisory
305	Is there a possibility of that political conditions and events might adversely affect JPMorganChase?	0	0	Travel Restrictions
310	Rating: High	0	0	Description
282	Date: 08-13-2002	0	0	Description
290	Government Advisory	0	0	WAR
288	Travel Restrictions	0	0	Other

FIG. 5

PRIMARY ROLES					
	Role	Assigned by	Date Assigned	Assigned to	Date Accepted
380	Information Owner	Owner	2002-08-13 10:58:46.0	Owner	2002-08-13 10:58:46.0
385	Information Risk Manager	Owner	2002-08-13 10:58:46.0	Owner	2002-08-13 10:58:46.0
390	Legal Manager	Owner	2002-08-13 10:58:46.0	Owner	2002-08-13 10:58:46.0
395	Operations Risk Manager	Owner	2002-08-13 10:58:46.0	Owner	2002-08-13 10:58:46.0
400	Relationship Manager for OSP	Owner	2002-08-13 10:58:46.0	Owner	2002-08-13 10:58:46.0
405	Data Privacy	Owner	2002-08-13 10:58:46.0	Owner	2002-08-13 10:58:46.0
410	Financial Manager	Owner	2002-08-13 10:58:46.0	Owner	2002-08-13 10:58:46.0
415	Sourcing Manager	Owner	2002-08-13 10:58:46.0	Owner	2002-08-13 10:58:46.0
420	External Connectivity Manager	Owner	2002-08-13 10:58:46.0	Owner	2002-08-13 10:58:46.0

ALTERNATE ROLES					
	Role	Assigned by	Date Assigned	Assigned to	Date Accepted
425	Information Owner	Owner	2002-08-13 10:58:46.0	Owner	2002-08-13 10:58:46.0
430	Information Risk Manager	Owner	2002-08-13 10:58:46.0	Owner	2002-08-13 10:58:46.0

FIG. 6

APPLICATION DEVELOPMENT				
Question	Yes	No	NA	Comments
Is there a process in place to ensure that malicious code is not introduced into a JPMorgan Chase system? If yes, please provide this process.				
Has the vendor attained industry-standard (e.g., ISO 9000, SEI CCM) certification? If yes, please provide the certification information.				
Is a copy of all source code and documentation under development made periodically and stored at a JPMorgan Chase facility? If yes, please provide this process.				

FIG. 7

Plan	Yes	No	N/A	Comments	
				575	550
575 Has the business continuity plan been tested within the past 12 months? If yes please indicate the date(s). []	555	560	565	570	
580 Has the next business continuity test been scheduled within 12 months of the previous exercise? If yes please indicate the date(s). []					
1. Has an alternate site been selected for processing business functions in the event the existing location is unavailable? []	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Is a business continuity plan documented for the resumption of the business and service delivery at a different location or in a different location or in a way than normal? []	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Does the business recovery plan provide the information required to react to an event, to resume and continue critical business services/functions, and to ultimately return to business as usual? []	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Does the plan include the documentation of both the business and associated technology requirements? []	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5. Does the plan account for the loss of critical applications/systems (e.g. data center outage)? []	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6. Does the plan account for the loss of the primary facility? []	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

FIG. 8

OSP Communication Strategy		
Name	Employee ID	Cost Center
Jodi R. Miller	123456	54321
Graham de Gottle	123456	54321
Dianne O'Boyle	123456	54321
Add New Contact		

[Back to OSP Steps](#)

[Submit](#)

Name:

Employee ID:

Cost Center:

Primary Work Location:

Primary Work Address:

Primary Work Region:

Primary Work Branch:

FIG. 9

FIG. 10

655

Please Select a Category

665

675

685

690

695

650

	Yes	No	N/A	Comments/Process
Are customer service agents trained to safeguard the information they have access to from social engineering tactics? If so Please attach the procedure / awareness documentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are customer service agents trained to not to enter sensitive information into comment fields that may not require authorization? If so Please attach the procedure / awareness documentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are there procedures that define what a customer service agent may deliver from this application to customers and/or employees via the E-Mail contact channel? If so Please attach the procedure / awareness documentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are there procedures that define what a customer service agent may deliver from this application to customers and/or employees via the Fax contact channel? If so Please attach the procedure / awareness documentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are there procedures that define what a customer service agent may deliver from this application to customers and/or employees via the Fax contact channel? If so Please attach the procedure / awareness documentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Submit **Reset**

Compliance Status	
<input checked="" type="checkbox"/>	Compliant
<input checked="" type="checkbox"/>	In Progress
<input checked="" type="checkbox"/>	Not Compliant with Compensating Controls
<input checked="" type="checkbox"/>	Not Compliant
<input type="checkbox"/>	Not Assigned
<input type="checkbox"/>	Not Applicable
<input checked="" type="checkbox"/>	CAP or Risk Ack. in place
<input checked="" type="checkbox"/>	No CAP or Risk Ack. in place

FIG. 11

Senior Business Executive	Line Of Business	Retail & Middle Market Financial Services Status			
		Outside Service Provider	Corrective Action Plan	Risk Acknowledgment	Major Control Issues
Norman Buchan	Chase Auto Finance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Richard Srednicki	Chase Cardmember Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Steve Rotella	Chase Home Finance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

FIG. 12

OSP Name	Managing Risk	Continuity	Data Privacy	Financial	Sourcing Assessment	Legal	External Connectivity	Business Impact	Business Risk	Country Risk	Risk Acknowledgment	Corrective Action Plan
OSP 1	<input checked="" type="checkbox"/>	Critical	LOW	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
OSP 2	<input checked="" type="checkbox"/>	Critical	LOW	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
OSP 3	<input checked="" type="checkbox"/>	Critical	LOW	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
OSP 4	<input checked="" type="checkbox"/>	Critical	LOW	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
OSP 5	<input checked="" type="checkbox"/>	Critical	LOW	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							

[Back to OSP State of Health](#)

800

865

805 810 815 820 825 830 835 840 845 850 855 860

FIG. 13